

Letters to the Journal

Letters are welcomed and will be published as space permits. Like other material submitted for publication, they should be typewritten, double-spaced, should be of reasonable length, and will be subject to the usual editing.

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DOAKES AND PICKWICK

To the Editor:

Your new *Instructions to Contributors* are splendidly explicit, and about three times as long as the old ones. Possibly this reflects the cautious modern trend to "document" much that in earlier and easier days was taken for granted. The decision to adopt American spelling for medical words and English spelling for the rest is, I suppose, evidence of true Canadian impartiality. But some of your readers will regret the loss of our old friends DOAKES, J. and PICKWICK, S.

We have often wondered what DOAKES said in that paper, presumably read to the Kamchatka Medico-Chirurgical Society. Was it about the psychosomatic effects of the aurora borealis, or protein malnutrition among polar bears? We have always meant to look up the *M. J. Kamchatka* and find out, but now the reference is lost. It is probably safe to assume that Joe did not write about medical economics, or he would have been liquidated earlier.

PICKWICK's "Textbook of Medicine" is a book we have longed to possess, but somehow we could never lay hands on a copy. Did it originate from some of the unpublished transactions of the Pickwick Club, including perhaps the records of the Dingley Dell symposium? If so, it should contain contributions by SAWYER, B. *et al.* which would be worth reading. Samuel must have written briefly and to the point, because the reference cited is on p. 30. Most textbooks of medicine have barely started on the preface at that stage. We fear the newer tome by UNDERHILL, F. (pp. 1376 plus) will prove impossible to read comfortably in bed. It is good to learn, however, that Pickwick's publishers, Messrs. Jones & Jones, London, are still going strong, are now Ltd., and have established—look you—an office in Toronto.

Sir, we shall miss these giants of the past as we seek your instructions amid the laxatives and tranquillizers. For a time, though, we may pause to marvel at the editorial clairvoyance by which you know that the *Canad. Med. Ass. J.*, 88: 1963, will contain on p. 411 a paper by WILLIS, W. H. What will it be about?

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[As of Jan. 1, 1962, *M. J. Kamchatka* was combined with *J. Chr. Dis. Tolia* to make up the new *Archiv für Gierschift und Krankschaft* and so had to be replaced. Drs. Doakes and Pickwick are still about and will no doubt feel encouraged to make further contributions to the literature when they read Dr. Stewart's delightful letter.—Ed.]

HERNIATION OF THE FALCIFORM LIGAMENT

To the Editor:

It was with interest that I read the article by Dr. J. R. LaCroix on herniation of the falciform ligament (*Canad. Med. Ass. J.*, 86: 941, 1962), as well as the letters to the editor by Drs. W. R. LaCroix and Rupert F. Warren in the issue of July 7 (86: 35, 1962). The author is to be commended for his development of a new concept in the etiology of chronic abdominal pain. However, as with all new advances in medicine, this must undergo critical appraisal and be confirmed by experienced clinical investigators.

The aforementioned publications would leave readers with the impression that this is a real entity which has hitherto escaped the attention of experienced surgeons and pathologists. One might conclude that innumerable patients with vague and nondescript abdominal complaints, and without clinical or radiological evidence of organic disease, can now be dramatically cured by a new operative procedure. One can only wonder how much of the apparent success of this procedure reported by the author is due to psychotherapy of an elaborate extent in highly suggestible patients with functional complaints.

It might also be pointed out that an operative procedure performed on patients who lack positive clinical and radiological findings, and in which no tissue is removed for pathological examination, does not readily lend itself to easy assessment by quality control committees such as a hospital's tissue audit committee. This must be no small consideration in this day of an enlightened and informed public who are greatly concerned over hospital and medical care.

Certainly extreme caution must be urged before physicians and surgeons accept this concept widely and subject patients to this operation. The findings reported by Dr. LaCroix should be confirmed by other investigators in University centres and elsewhere, by well-planned clinical trials to establish the therapeutic value of this operation; and also to demonstrate the existence of this lesion both in the anatomy laboratory and autopsy room, as well as in the operating room. Until this is done, we should not become too enthusiastic about operating upon the abdominal walls of the many patients with ill-defined abdominal complaints that we all see in our daily practices.

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